

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
13-024

2. STATE  
Montana

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
07/01/2013

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  
N/A

7. FEDERAL BUDGET IMPACT:

a. FFY 13 \$35  
b. FFY 14 \$142  
c. FFY 14 \$142

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

4.19B Methods & Standards for Establishing Payment Rates for  
Service 6(e) Nutritionists' Services.

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

4.19B Methods & Standards for Establishing Payment Rates  
for Service 6(e) Nutritionists' Services.

10. SUBJECT OF AMENDMENT:

The purpose of this amendment is to increase fees 2% and update the date the agency's rates were set.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: SINGLE  
AGENCY DIRECTOR REVIEW

12. SIGNATURE OF STATE AGENCY OFFICIAL:

*Mary E. Dalton*

13. TYPED NAME: Mary E. Dalton

14. TITLE: State Medicaid Director

15. DATE SUBMITTED: 6-27-13

16. RETURN TO:

Montana Dept of Public Health and Human Services  
Mary E. Dalton, State Medicaid Director  
Attn: Jo Thompson  
PO Box 4210  
Helena MT 59604

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

6/27/13

18. DATE APPROVED:

8/20/13

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

7/1/13

20. SIGNATURE OF REGIONAL OFFICIAL:

*Richard C. Allen*

21. TYPED NAME:

RICHARD C. ALLEN

22. TITLE:

ARA, DMCHO

23. REMARKS: